

57331

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001208**

GENERATOR

(Generator Must Complete)

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

④ Alternate TSD Facility

SFUND RECORDS CTR
999000859

② Name **ALUMINUM CO. OF AMERICA**

Name

Name

EPA NO.

EPA NO.

EPA NO.

Address **5151 ALCOA AVE** Phone No. **588-6141**

Address

Address

City, State, Zip **LOS ANGELES, CA 90058**

City, State, Zip

City, State, Zip

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE NONE				
WASTE				

CONTAINERS NUMBER: **1**

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☒ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY **48**

⑦ EX. HAZ. WASTE PERMIT NO.

⑧ GENERATING PROCESS **COOLING TOWER**

LIST COMPONENTS:

CONC.
UPPERRANGE
LOWER

UNITS

CONC.
UPPERRANGE
LOWER

UNITS

⑨ A. **WATER**

99%**98%**☐ % ☐ ppm.

E. _____

☐ % ☐ ppm.

B. **OIL**

1%**2%**☐ % ☐ ppm.

F. _____

☐ % ☐ ppm.

C. _____

☐ % ☐ ppm.

G. _____

☐ % ☐ ppm.

D. _____

☐ % ☐ ppm.Non Hazardous Material **100** %

⑩ WASTE PROPERTIES: pH **7**

☐ Toxic☐ Flammable☐ Corrosive/Irritant☐ Reactive☐ Sensitizer☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☐ Other

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☒ Other **NONE**

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬

Signature of Authorized Agent and Title

12/29/80

Date Shipped

TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**

EPA NO.

CAD028277036

ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**

CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE **12-28-80**

TIME **1:00** ☐ AM ☒ PM

⑯

Signature of Authorized Agent and Title

12-28-80

Date

TSD FACILITY

(FACILITY OPERATOR MUST COMPLETE)

⑰ NAME **OPERATING INDUSTRIES**

⑱ QUANTITY (If Measured)

100 BOW

EPA NO.

080012024

⑲ STATE FEE (If Any)

PHONE NO.

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

㉑ NAME

EPA NO.

㉒

Signature of Authorized Agent and Title

㉓ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill

☐ Injection Well ☐ Land Treatment

☐ Treatment (Specify)

☐ Recovery or Reuse ☐ Storage/Transfer

Date Accepted